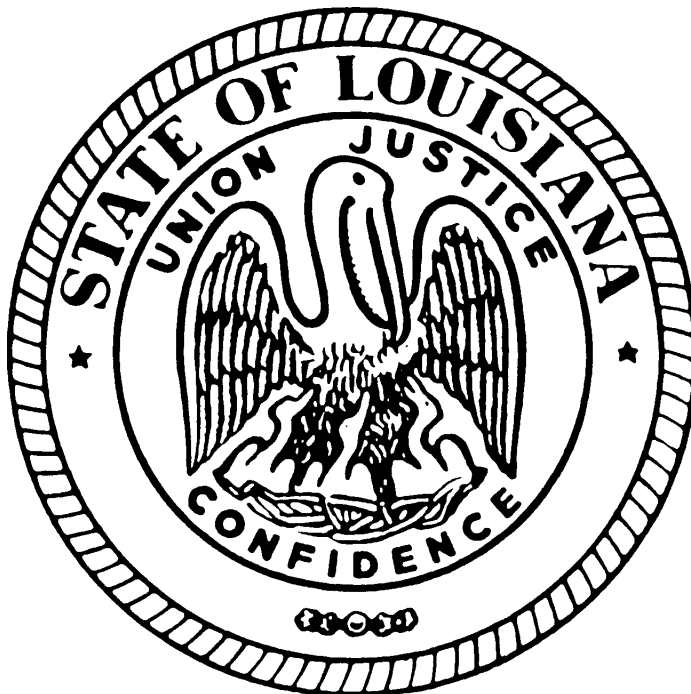


Statement of Financial Condition and other information

Furnished by the
Louisiana Department of Revenue
P.O. Box 201, Baton Rouge, LA 70821-0201



November 1999
R-20212



State of Louisiana
Department of Revenue

Statement of Financial Condition and Other Information

Please furnish the information requested in this form with your *Offer in Compromise* (R-20211) if the offer is based in whole or in part on inability to pay the liability. If you need help in preparing this statement, call on any regional office. It is important that you answer all questions. If a question does not apply, please enter N/A. This will speed up consideration of your offer.

Name(s) of taxpayer(s)		Social Security Number(s)	
Business address		Social Security Number(s)	
City, State, ZIP		Account number(s)	
Home address		Business telephone ()	
City, State, ZIP		Home telephone ()	
Name and address of representative, if any.			

Kind of tax involved	Taxable period	Amount due	Amount offered

Due and unpaid state taxes (except those covered by the <i>Offer in Compromise</i>)		
Kind of tax	Taxable period	Amount due

Names and addresses of banks and other financial institutions you have done business with at any time during the past three years.	
1.	4.
2.	5.
3.	6.

7. Do you rent a safe deposit box in your name or in any other name? ☐ Yes ☐ No

If yes, give name and address of bank.

Offer filed by individual		
Name of spouse	Age of spouse	Age of taxpayer
Names of dependent children or relatives	Relationship	Age
1.		
2.		
3.		
4.		
5.		
6.		
7.		
Please furnish your most recent financial information. In the columns below, show the cost and fair market value of each asset you own directly or indirectly. Also show all your interests in estates, trusts, and other property rights, including contingent interests and remainders.		
Statement of assets and liabilities as of _____ date		
Assets	Cost*	Fair market value
1. Cash	\$	
2. Cash surrender value of insurance (from Page 4)		
3. Accounts receivable (from Page 5)		
4. Notes receivable (from Page 5)		
5. Merchandise inventory (from Page 6)		
6. Real estate (from Page 6)		
7. Furniture and fixtures (from Page 6)		
8. Machinery and equipment (from Pages 6 and 7)		
9. Trucks & delivery equipment/automobiles (from Page 7)		
10. Securities (from Page 7)		
11.		
12.		
13.		
14.		
15.		
16. Subtotal (Copy to Subtotal Line 23 on Page 3.)	\$	\$

(*Less depreciation, if any.)

Assets	Cost*	Fair market value
17.		
18.		
19.		
20.		
21.		
22.		
23. Subtotal (Copied from Subtotal Line 16 on Page 2)	\$	\$
Total assets	\$	\$
Liabilities	Amount	
1. Loans on insurance (from Page 4)	\$	
2. Accounts payable		
3. Notes payable		
4. Mortgages (from Page 6)		
5. Accrued real estate taxes (from Page 6)		
6. Judgments (from Page 8)		
7. Reserves (Itemize.)		
8.		
9.		
10.		
11.		
12.		
13.		
14.		
15.		
16.		
17.		
18.		
19.		
20.		
21.		
Total liabilities	\$	

(*Less depreciation, if any.)

Life insurance policies now in force with right to change beneficiary reserved							
Number of policy	Name of company	Amount of policy	Present cash surrender value plus accumulated dividends	Policy loan	Date made	Automatic premium payments	Date made
1.		\$	\$	\$		\$	
2.							
3.							
4.							
5.							
6.							
7.							
8.							
9.							
Total							
Life insurance policies assigned or pledged on indebtedness							
If any of the policies listed above are assigned or pledged on indebtedness, except with insurance companies, give the following information about each policy:							
Number of policy assigned or pledged	Name and address of pledges or assignee		Amount of indebtedness		Date pledged or assigned		
1.			\$				
2.							
3.							
4.							
5.							
6.							
7.							
Total							

Accounts and notes receivable				
Name	Book value	Liquidation value	Amount of indebtedness if pledged	Date pledged
Accounts receivable				
1.	\$	\$	\$	
2.				
3.				
4.				
5.				
6.				
7.				
8.				
9.				
10.				
11.				
Total	\$	\$	\$	
Notes receivable				
1.	\$	\$	\$	
2.				
3.				
4.				
5.				
6.				
7.				
8.				
9.				
10.				
11.				
Total	\$	\$	\$	

Merchandise inventory					
Description	Cost	Fair market value	Liquidation value	Amount of indebtedness if pledged	Date pledged
1. Raw material	\$	\$	\$	\$	
2. Work in progress					
3. Finished goods					
4. Supplies					
5. Other (Specify.)					
Total	\$	\$	\$	\$	
Real estate					
Description	Cost*	Fair market value	Balance due on mortgage	Date mortgage recorded	Unpaid interest and taxes
1.	\$	\$	\$		\$
2.					
3.					
4.					
5.					
6.					
7.					
8.					
Total	\$	\$	\$		\$
Furniture and fixtures—machinery and equipment					
Description	Cost	Liquidation value	Amount of indebtedness if pledged	Date pledged	
1. Furniture and fixtures (Business)	\$	\$	\$		
2. Furniture (Household-residence)					
3. Machinery (Specify kind.)					
4.					
5.					
6.					
7. Subtotal (Copy to Subtotal Line 12 on Page 7.)					

(*Less depreciation, if any.)

Description	Cost	Liquidation value	Amount of indebtedness if pledged	Date pledged	
8. Equipment (Except trucks and automobiles) (Specify.)	\$	\$	\$		
9.					
10.					
11.					
12. Subtotal (Copy from Subtotal Line 7 on Page 6.)	\$	\$	\$		
Total	\$	\$	\$		
Trucks and automobiles					
1. Trucks	\$	\$	\$		
2.					
3.					
4.					
5.					
6.					
7. Automobiles (Personal or used in business)					
8.					
9.					
10.					
11.					
12.					
Total	\$	\$	\$		
Securities (bonds, stocks, etc.)					
Name of company	Number of units	Cost	Fair market value	Amount of indebtedness if pledged	Date pledged
1.		\$	\$	\$	
2.					
3.					
4.					
5.					
Total		\$	\$	\$	

Judgments			
Name of creditor	Amount of judgment	Date recorded	Where recorded
1.	\$		
2.			
3.			
4.			
Total	\$		

State of income—corporation			
Important: If the <i>Offer in Compromise</i> is from a corporation, please furnish the information requested below (from federal income tax returns, as adjusted, for past two years and from records for current year from January 1 to date).			
Gross income	_____ Year	_____ Year	Jan. 1 to _____, _____ Year
1. Gross sales or receipts (Subtract returns & allowances.)	\$	\$	\$
2. Cost of goods sold			
3. Gross profit-trading or manufacturing			
4. Gross profit-from other sources			
5. Interest income			
6. Rents and royalties			
7. Gains and losses (from Schedule D of federal return)			
8. Dividends			
9. Other (Specify.)			
10. Total income	\$	\$	\$
Deductions	_____ Year	_____ Year	Jan. 1 to _____, _____ Year
1. Compensations of officers	\$	\$	\$
2. Salaries and wages (Not deducted elsewhere)			
3. Rents			
4. Repairs			
5. Bad Debts			
6. Interest			
7. Taxes			
8. Losses			
9. Subtotal (Copy to Subtotal Line 16 on Page 9.)	\$	\$	\$

Deductions continued	_____ Year	_____ Year	Jan. 1 to _____, _____ Year		
10. Dividends	\$	\$	\$		
11. Depreciation and depletion					
12. Contributions					
13. Advertising					
14. Other (Specify.)					
15.					
16. Subtotal (Copy from Subtotal Line 9 on Page 8.)	\$	\$	\$		
17. Total deductions	\$	\$	\$		
Net income (loss)	\$	\$	\$		
Non-taxable income	\$	\$	\$		
Unallowable deductions	\$	\$	\$		
Salaries paid to principal officers and dividends distributed—corporation					
Important: If the <i>Offer in Compromise</i> is from a corporation, please show salaries paid to principal officers for past three years and amounts distributed in dividends, if any, during and since the taxable years covered by this offer.					
Salaries paid to (Name and title)	_____ Year	_____ Year	_____ Year		
1. President	\$	\$	\$		
2. Vice President					
3. Treasurer					
4. Secretary					
5.					
6.					
Total	\$	\$	\$		
Year	Dividends paid	Year	Dividends paid	Year	Dividends paid
1.	\$	8.	\$	15.	\$
2.		9.		16.	
3.		10.		17.	
4.		11.		18.	
5.		12.		19.	
6.		13.			
7.		14.		Total	\$

State of income—individual

Important: If the *Offer in Compromise* is from an individual or an estate, please furnish information requested below (from federal income tax returns, as adjusted, for past two years).

Gross income	_____ Year	_____ Year
1. Salaries, wages, commissions	\$	\$
2. Dividends		
3. Interest		
4. Income from business or profession		
5. Partnership income		
6. Gains or losses (From Schedule D, Form 1040)		
7. Annuities and pensions		
8. Rents and royalties		
9. Income from estates and trusts		
10.		
11.		
12.		
13.		
14.		
Total income	\$	\$
Deductions		
1. Contributions		
2. Interest paid		
3. Taxes paid		
4. Casualty losses (by fire, storm, etc.)		
5. Medical expenses		
6. Bad debts		
7.		
8.		
9.		
10.		
Total deductions	\$	\$
Net income (loss)		
Nontaxable income		
Unallowable deductions		

Receipts and disbursements—individual		From _____	To _____
If the <i>Offer in Compromise</i> is from an individual or on behalf of an estate, please furnish below a complete analysis of receipts and disbursements for the past 12 months.			
Receipts			
Description	Source from which received	Amount	
1. Salary			
2. Commissions			
3. Business or profession			
4. Dividends			
5. Interest			
6. Annuities or pensions			
7. Rents and royalties			
8. Sale of assets (Net amount received)			
9. Amounts borrowed			
10. Gifts			
11.			
12.			
13.			
14.			
15.			
16.			
17.			
18.			
Total receipts		\$	
Disbursements			
Description	Amount		
1. Debt reduction	\$		
2. Interest			
3. Federal taxes			
4. Other taxes			
5. Insurance premiums			
6. Medical expenses			
7. Subtotal (Copy to the Subtotal line on Page 12.)			

Disbursements listing continued

Description	Amount			
8. Automobile expenses	\$			
9. Servants wages				
10. Gifts				
11. Living expenses (Itemize.)				
Subtotal (Copy from Subtotal line 7 on Page 11.)	\$			
Total disbursements	\$			
21. Disposal of assets —From the beginning of the taxable period covered by this <i>Offer in Compromise</i> to the present date, have you disposed of any assets or property with a cost or fair market value of more than \$500, except for full value at the time of sale, transfer, exchange, gift or other disposition? <input type="checkbox"/> Yes <input type="checkbox"/> No (If yes, please furnish the following information.)				
Description of asset	Date of transfer	Fair market value when transferred	Consideration received	Relationship of transferee to taxpayer
		\$	\$	

22. Interest in or beneficiary of estate or trust—Have you any life interest or remainder interest, either vested or contingent, in any trust or estate, or are you a beneficiary of any trust? ☐ Yes ☐ No
(If yes, please furnish a copy of the instrument creating the trust or estate; also give the following information.)

Name of trust or estate	Present value of assets	Value of your interest	Annual income received from this source
	\$	\$	\$

23. Grantor, donor, trustee, or fiduciary—Are you the grantor or donor of any trust, or the trustee or fiduciary for any trust? ☐ Yes ☐ No (If yes, please furnish a copy of the instrument creating the trust. Also present value of corpus of trust and any other pertinent information.)

24. Any other assets or interests in assets—Have you any other assets or an interest in assets either actual or contingent, other than those listed here (i.e. profit-sharing plan or pension plan)? ☐ Yes ☐ No
(If yes, please describe the assets.)

25. Are foreclosure proceedings pending on any real estate that you own or have an interest in? ☐ Yes ☐ No
If yes, please give location of real estate. _____

Was the State of Louisiana made party to the suit? ☐ Yes ☐ No

26. Are bankruptcy or receivership proceedings pending? ☐ Yes ☐ No
If a corporation, is it in process of liquidation? ☐ Yes ☐ No

27. Is the sum offered in compromise borrowed money? ☐ Yes ☐ No
(If yes, please give name and address of lender and list collateral, if any, pledged to secure the loan.)

28. What is the prospect of an increase in value of assets or in present income? (Please give general statement.)

29. Are you currently holding any state licenses or contracts for services with any state or municipal agency? ☐ Yes ☐ No If yes, please list. _____

30. Please attach copies of last two federal income tax returns.

Under the penalties of perjury, I declare that I have examined this statement, including all accompanying documents, and to the best of my knowledge and belief, it is true, correct, and complete. I further declare that I have no assets, owned either directly or indirectly, or income of any nature other than as shown in this statement.

Signature of taxpayer(s)

Date

For preparer other than taxpayer—Under penalties of perjury, I declare that the information given in this statement is accurate and that I have personal knowledge of the taxpayer's financial condition.

Signature of preparer

Date